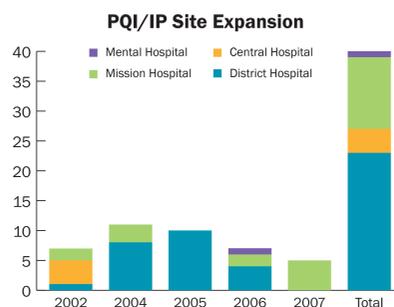


Improving Quality of Infection Prevention and Control Practices in Malawi

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Introduction

- In 2002, the Malawi Ministry of Health (MOH) initiated performance and quality improvement (PQI) in infection prevention (IP) following the Standards-Based Management and Recognition (SBM-R) approach.
- To date, 40 hospitals out of 53 hospitals (75%) are implementing PQI/IP.



Underlying Issues

- Nosocomial infections are a major cause of preventable morbidity and mortality in developing countries worldwide, including in Malawi.
- Nosocomial infections increase the cost of health care by:
 - Increasing length of hospitalization
 - Requiring treatment with expensive, broad-spectrum antibiotics
 - Increasing use of other interventions (laboratory, surgery, etc.)
- Prevalence of HIV/AIDS: 12%

Purpose of PQI/IP

- In 2002, the MOH initiated PQI/IP following the SBM-R approach.
- PQI process for IP aims to:
 - Reduce the risk of transmitting nosocomial infections to health care providers, support staff, patients and communities
 - Improve infection prevention and control (IPC) practices
 - Protect health care workers at all levels (technical and support/domestic) from acquiring infections while carrying out their duties

What is the SBM-R Approach for PQI?

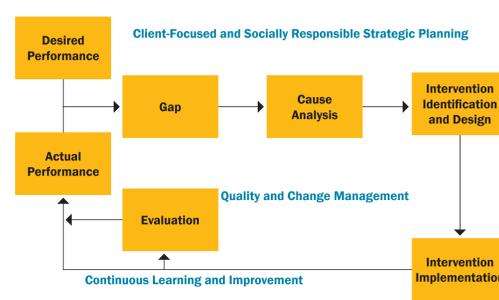
- SBM-R:** Utilization of a practical management approach for improving performance and quality of health services:
 - Based on use of operational, observable performance standards for on-site assessment
 - Based on local action and tied to reward or incentive program
 - Consists of four basic steps



Institutionalizing SBM-R



PQI Model



Model adapted from the International Society for Performance Improvement.

Dedza District Hospital



Before

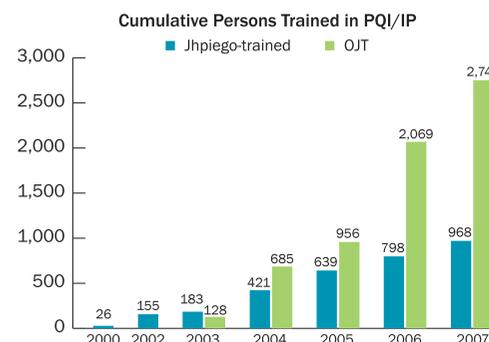


After

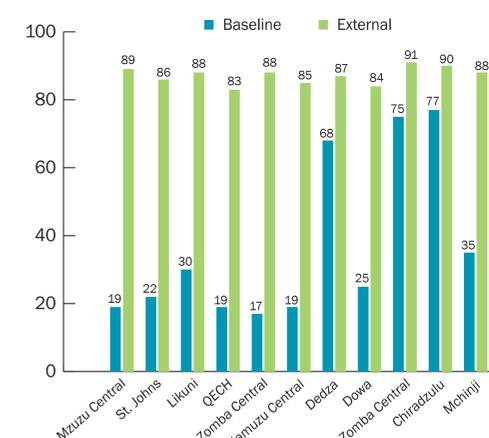
Results

- 968 service providers and managers trained in SBM-R for IPC
- 2,749 health care workers trained in IP standards on the job by trained providers
- 13 out of 40 (32.5%) of participating hospitals qualified as Centers of Excellence (COE) in IPC, earning on average 86% on the external assessment
- 11 out of the 13 (84.6%) sites have maintained COE status
- The non-qualifying sites have also shown improvement, achieving an average endline result of 71.8% compared to an average baseline of 27.3%

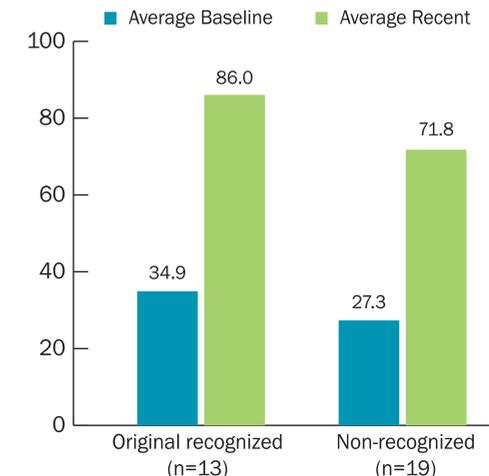
Results: People Trained in PQI/IP from Intervention Sites



Results: Hospitals Qualifying as Centers of Excellence in IP



Results: Average Score Increases for Recognized and Non-Recognized Sites



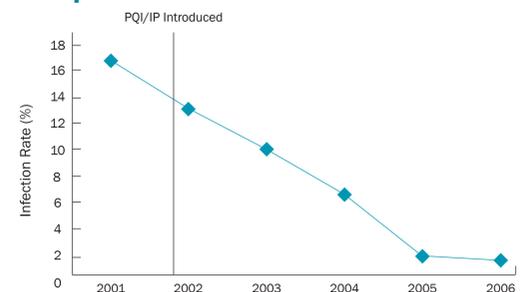
Chiradzulu District Hospital Awarded IP Center of Excellence



Challenges and Solutions

- Inconsistent supervision** by District Health Management Team results in poor management and monitoring of essential consumables and equipment (e.g., chlorhexidine, chlorine, gloves, personal protective equipment).
- High staff turnover**, especially among Quality Improvement Support Team members, District Health Officers and District Nursing Officers, adds to inconsistencies in supervision due to lack of championship and coaching.
- Solutions:**
 - Establishment of an internal recognition system motivated providers to improve standards.
 - Benchmarking alerted providers and management early to stock-outs of IP supplies.
 - A performance-based financing approach can be easily adopted using the SBM-R platform in order to strengthen quality of care.

Post-Cesarian Sepsis: Zomba Central Hospital



Conclusion

- Implementation of SBM-R significantly increased provider adherence to national IPC standards, resulting in a more than two-fold increase in assessment scores.
- Success of SBM-R has led to Malawi's MOH institutionalizing the approach for quality improvement in IP nationally.
- Success of SBM-R in IP resulted in the MOH adopting it for quality improvement in reproductive health.

